Combined Declaration For Patent Application and Power of Attorney ATTORNEY D 84485CEB							OCKET						
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
METHOD OF VERIFYING THE USABILITY OF PHOTOSENSITIVE FILM PRODUCT JUST PRIOR TO USE													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:													
PRIOR FOREIGN/PCT APPLI			TY CLA		119:								
COUNTRY (If PCT, indicate PCT)	AF	PLICATION NUMBER		DATE OF FIUNG (month/dayyear)			PRIORITY CLAIMED YES	UNDER 35 USC	§119 NO				
							YES		NO				
							YES		NO NO				
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below: PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):													
PROVISIONAL AI	PPLICATION NUMBER				FILING DATE (mo	nth/day/year)							
													
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35USC§120:													
U.S. APPLICATIONS				STATUS (Check one)									
U.S. APPLICATION NUM	U.S. FILING DATE			PATENTE	D	PENDING	ABA	ANDONED					
PCT APPLICATIONS DESIGNATING THE U.S.													
PCT APPLICATION NO. PCT FILE				J.S. SERIAL NUMBERS ASSIGNED (if any)									
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or												
agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected												
therewith.												
Se	Send Correspondence to: Direct Telephone Calls to:											
			Legal St		(name	(name and telephone number)						
Eastman Koda					Clv	de E. Bailey, Sr.						
343 State Stree						585-722-9349						
Rochester, NY			ster, NY	14650-2201	1	FAX: 585-477-4646						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECO	ND GIVEN NAME						
	RESIDENCE &	Hall CITY		Jeffrey STATE OR FOREIGN COUNTRY	L.	TRY OF CITIZENSHIP						
0	CITIZENSHIP	Rochester		New York 14612 USA	USA	4						
1	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Compa	anv	343 State Street, Rocheste		E&ZIP CODE (COUNTRY) / York 14650 USA						
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O CITIZENSHIP			CITY		STATE & ZIP CODE (COUNTRY)							
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2 FULL NAME OF INVENTOR FAMILY NAME		FIRST GIVEN NAME			ND GIVEN NAME							
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5 BUSINESS ADDRESS BUSINESS ADDRESS			CITY	STATE	STATE & ZIP CODE (COUNTRY)							
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECON	ID GIVEN NAME						
٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNT	TRY OF CITIZENSHIP						
6	BUSINESS ADDRESS ADDRESS		CITY	STATE	STATE & ZIP CODE (COUNTRY)							
I he	reby declare	that all statements made herein of	f my own kn	nowledge are true and that all statements	made on info	rmation and belief are believed to be						
imp	; and further prisonment, or	that these statements were mad	le with the l	knowledge that willful false statement United States Code, and that such willfu	s and the like	so made are nunichable by fine or						
SIGI	NATURE OF INV	ENTOR 201	SIGNATURE	OF INVENTOR 202	SIGNATURE C	DF INVENTOR 203						
Apply L Hall Sept 19, 2003												
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